L M Patil

Ashley Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Ashley Care Centre is a nursing home providing personal and nursing care to 49 people aged 65 and over. The service was fully occupied at the time of our inspection. The service is part purpose built and part has been adapted from a large residential building. The home has several communal areas designed to meet the needs of different groups of people.

People's experience of using this service and what we found
Although we found some areas for improvement during our inspection of Ashley Care Centre, overall, people had a positive experience at the home.

People were not always protected from environmental risks and risks associated with people's care and support were not managed in a consistently safe way. The home was not clean and hygienic in all areas. The management team told us immediate action would be taken to address these issues. People told us they felt safe. Staff and the management team had a good understanding of safeguarding adults' procedures to protect people from harm. Staff were recruited safely and there were enough staff to meet people's needs and ensure their safety. People received their medicines as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were knowledgeable and had a wide range of training. People had enough to eat and drink. People had access to healthcare when they needed it, and advice was sought from specialist health professionals.

People were supported by staff who were kind and caring, staff knew people well and people were involved in making decisions about their care. People were treated with dignity and respect and their right to privacy was upheld.

The people received personalised care that was flexible to meet their needs. People had opportunities to get involved in meaningful activities within the home and in the community and their diverse needs were met. There were systems in place to respond to complaints and concerns. People were provided with caring and compassionate support at the end of their lives.

Systems to ensure the safety and quality of the service were not fully effective. This had resulted in risks to people's health and wellbeing not being identified or addressed. The management team were responsive to feedback and took action to address issues identified. The provider had not notified us of all events within the home, as legally required. The management team and staff were passionate about providing high quality, person centred care and there was positive partnership working with health professionals. Feedback from people, families and staff was used to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (report published 22 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified a breach in the legal regulation related to safe care and treatment. Please see the action we have told the provider to take at the end of this report. In addition, we found a breach in relation to the providers failure to notify of events as legally required. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Ashley Care Centre

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Ashley Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider opportunity to discuss this during the inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with four members of care staff, a member of the domestic team, the clinical lead and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from several health and social care professionals who regularly visit the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Preventing and controlling infection

- People were not protected from the risk of infection.
- Some areas of the home, primarily bathrooms and toilets, were not sufficiently clean. Some areas, including bedrooms were odorous, and we found equipment which had been penetrated by bodily fluids. This did not promote the control and prevention of infection.
- These issues had not all been identified by the provider and so had not been addressed.

Assessing risk, safety monitoring and management

- People were not always protected from environmental risks and risks associated with people's care and support were not managed in a consistently safe way.
- Risks resulting from the use of portable heaters and from large items of unstable furniture had not consistently been assessed or mitigated. This meant there was a risk people could be injured.
- Risks resulting from people's anxiety and distress were not always managed safely. For example, one person sometimes behaved in a way that put them and staff at risk. Their care plan lacked clear information about how to support them and records showed staff were using physical intervention to manage this. This has not been planned for and staff had recorded that this had a negative impact on the person's wellbeing.
- Measures to reduce the risk of a person falling were not in place as specified in their care plan. The clinical lead told us this was because the level of risk had changed, however, the falls risk assessment and care plan did not reflect this.
- The management team told us they would take immediate action to review and address the above risks.

Learning lessons when things go wrong

- Opportunities to learn from some types of incident had been missed.
- Although there was a process in place to learn from behavioural incidents, staff did not always record behavioural incidents which meant the management team were unable to analyse and learn from this. This had resulted in a failure to identify that staff were using physical intervention to manage a person's behaviour. This placed people at risk of unsafe support.

The provider's failure to provide consistently safe care and treatment was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In contrast, other risks associated with people's care and support were managed safely. People were protected from the risk of pressure sore due to good consistent preventative measures being in place. The

registered manager shared information about several people whose wellbeing had improved as a result of good risk management.
● There was clear evidence of learning from incidents such as falls. This had a positive impact upon people's wellbeing. For example, when a pattern of falls at night had been identified the management team had implemented strategies to reduce risk and this had reduced the number of falls people experienced at night time.

Staffing and recruitment
● There were enough staff to ensure people's safety and meet their needs and safe recruitment practices were followed.
● Staffing levels were based upon people's individual needs. Additional staff were deployed at busy times to ensure people continued to get the support they needed.
● There were contingency plans in place to cover short notice staff absence.
● The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

Using medicines safely
● People received their medicines as prescribed. This was reflected in people's feedback, one person told us, "They give me the pills every day. I get them and take them myself. If you get a headache they give you something for it."
● Staff had training in medicines management and medicines records were completed accurately.
● People's medicines were reviewed regularly to make sure people were only on medicines when they needed to be and to avoid any negative impact on people. This had a positive impact on people, for example, one person was more alert and suffered fewer falls after medicines were changed.
● There was a positive relationship with the local pharmacy. A pharmacist commented, "They push the pharmacy to provide the best service we can for the home."
● The CCG had performed an in-depth audit on medicines and had commented on the high quality clinical practice in medicines management.

Systems and processes to safeguard people from the risk of abuse
● People were protected from abuse and improper treatment.
● People and their relatives told us they or their relations were safe. One person we asked if they felt safe told us, "I think so. The staff are good and help you. They don't shout at me."
● Staff knew how to recognise and report abuse. The management team had acted quickly to identify potentially abusive practices and had conducted investigations of concerns raised.
● Allegations of abuse had been reported to the local authority safeguarding team when required.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into Ashley Care Centre. This was used to develop care plans for each person. A health care professional told us, '[The clinical lead] has excellent assessment skills; they use a person-centred, respectful approach. The approach takes the whole person into account and includes their past history and family.'
- Nationally recognised tools were used to assess risk and manage care. For example, how to effectively assess the risk of pressure ulcers.
- Overall, we found national good practice guidance was followed. However, drinks thickener, which can pose a risk to people, was not always stored in line with national guidance. The management team told us immediate action would be taken to rectify this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to be in the best possible health.
- People told us they were supported with their health needs and people's relatives said they were kept informed about any changes to people's needs. A relative told us, "The doctor has been to see [Name] for [infections]. The home let me know. [Name] has just had new glasses and the dentist is willing to come here."
- The clinical lead had strong links with the local doctor's surgery. This, together with their expert knowledge of clinical aspects of care and medicines, meant people received swift access to health care.
- The local GP visited the service on a fortnightly basis, this meant people and families had regular access to a GP to discuss non – urgent concerns. This had resulted in a reduction in visits to the doctors.
- The home had a good track record of supporting people to maintain their skin health. There had not avoidable pressure ulcers for three years and the home had won an award in this area.
- Care plans contained clear, personalised information about people's health conditions.
- There was evidence that advice had been sought from external health professionals, such as dieticians and specialist nurses.
- Systems were in place to ensure information was shared across services when people moved between them. This helped ensure people received person centred support.

Staff support: induction, training, skills and experience

● People were supported by staff that had the skills and knowledge to provide good quality care and support. One person told us, "I think they know how to do their work."
● Records showed staff had received the relevant training to equip them with the knowledge and skills they needed to support people who used the service. A training professional told us, 'Ashley Care Centre in my view has strived to maintain a high quality of care by investing in the team through training and support.'
● New staff received an induction when they started work at the service. Staff were positive about this. A member of staff told us, "I haven't done care before, but felt confident after the induction."
● People's families had been invited to attend workshops on dementia. They told us this had given them further insight in to the condition their relation lived with.
● Staff told us they felt supported and records showed they had regular formal and informal opportunities to discuss and review their work, training and development needs. A member of staff commented, "I had two (supervisions) in the last 12 months, they were very constructive".

Supporting people to eat and drink enough to maintain a balanced diet
● People had enough to eat and drink.
● People told us they liked the food. One person said, "The food is good. If you don't like it then they will change it for you. We are always having cups of tea during the day"
● Mealtimes were positive occasions. People were offered choices and dietary preferences were catered for. People who required encouragement and prompting to eat were provided with this in a timely manner.
● Risks associated with eating and drinking were managed safely. For example, when people were at risk of losing weight, staff monitored their weight regularly and made referrals to specialist health professionals as needed.
● The home had initiatives, such as weekly visits from an ice cream van, to promote good nutrition and hydration.

Adapting service, design, decoration to meet people's needs
● The home was adapted to meet people's needs.
● Aids and equipment had been installed throughout the home. This enabled people with mobility needs to navigate around the building and there was a call bell system to ensure people could request staff support.
● There were several lounges and dining areas, the management team used these areas to ensure people were comfortable and not distracted by others.
● The needs of people living with dementia and memory loss had been considered. There was dementia friendly signage throughout the home to help people find their way around.
● Communal areas had been thoughtfully decorated to provide people with visual and tactile points of interest throughout.
● Maintenance work was planned to the older part of the home to ensure the environment was of a consistently high quality throughout.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Overall, people's rights under the MCA were respected. When people's ability to consent was in doubt assessments had been conducted and decisions had been made in their best interests. In most cases, consideration had been given to less restrictive options to ensure people's rights were respected.
- In contrast with the above, one person was subject to some restrictions, such as not having access to their clothing. The person's capacity to consent to this had not been assessed and there was no evidence that less restrictive options had been considered. The management team told us they would take immediate action to address this.
- Some further work was needed to ensure consent was only given by people who had legal authority to do so.
- DoLS had been applied for as required. Where conditions were in place the home was complying with them.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring.
- People and their families gave consistently positive feedback about the approach of staff. One person told us, "Staff here are brilliant and amazing. They really care. They seem like one big family."
- People's relatives told us they felt welcome and said they had confidence in the staff team. One relative commented, "I can come anytime I want. Staff tell me how [Name] is doing when I visit."
- People told us staff knew them well. One person told us, "They know me and my past. They know what I like." Care plans contained information about what was important to people such as their likes, dislikes and background and we observed staff were knowledgeable about people. A member of staff told us, "We get to know people by spending time with them, talking to them about what they used to do."
- Staff had a good understanding of dementia and were responsive to people's need for comfort and reassurance. We saw one person held a doll to help reduce their anxiety, staff were respectful and used the doll to engage and connect with the person.
- A social care professional commented, 'The delivery of care and skillset of the care team reflect a high knowledge of individual needs with regards to dementia care and how this affects each individual.'
- People were supported to celebrate special occasions with their families. For example, the home facilitated private Christmas day parties for people who were unable to go and visit their families at Christmas.
- People told us they were treated fairly and were free from discrimination.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and support.
- People told us staff consulted with them and said they felt listened to. One person told us, "Yes staff listen to me. If I don't like it, they will change it. They don't force me to do anything."
- People's relatives felt involved in the care of their family members. A person told us, "I've been here a year and a bit. They asked me about myself and got to know me." People had been involved in some parts of their care plans.
- Staff understood how people communicated. Care plans included clear information about people's communication needs and staff used this to help people express themselves.
- People had access to an advocate if they required help to express their views and there was information about advocacy displayed in the service.

Respecting and promoting people's privacy, dignity and independence

● Staff respected people's right to privacy. One person told us, "They do knock on my door and I'll go to answer it. I can lock my door."

● Staff treated people with dignity and respect. A relative told us, "We can hear from outside the bedroom that staff are lovely with [Name]. Even though [Name] cannot understand they explain what they are doing." We observed staff were patient, gentle and respectful.

● Staff demonstrated an insight into the importance of treating people in a dignified way, A member of staff told us, "We are prompting what they would have liked before they have dementia, for example if someone wants make up, legs shaved, we do it."

● People's sensitive personal information was stored securely and conversations about people's care needs were held in private areas.

● People were supported to be as independent as possible. One person told us, Carers will help me to the shower. But I want to wash myself. I don't want anyone to do that for me. Staff respect that." Care plans contained information about how to promote each person's independence and we saw staff encouraging people throughout our visit.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support from staff who knew them well. This was reflected in people's feedback, a relative told us, "The carers work extremely hard and do everything they can to make [Name] happy and content, while acknowledging their preferences and understanding them as an individual."
- Care plans were person-centred. They contained detailed information about people's daily routines and care and support needs. Staff met with each other between shifts to share information. This meant they had up to date knowledge about people.
- Staff were responsive to people's changing needs. A relative told us, "We noticed [Name] couldn't manage a long time in a chair. We made changes to the care plan after discussion with the care staff."
- Support was flexible and tailored to people's needs. One person talked of their daily routine and told us "I like to come down and sit for a while first. Then have breakfast. After that I can do what I like."
- People's diverse needs were recognised and accommodated. Local religious groups visited the home regularly. Staff had organised a themed event to celebrate one person's culture and care was taken to ensure people's religious values were respected at times such as Halloween.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the requirements of the AIS. People's care plans contained information about each person individual communication needs and staff demonstrated a good understanding of this. Information was available to people in a range of formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with opportunities for meaningful activity and were supported to stay in touch with people who were important to them.
- One person told us, "We do things. Something every week. I enjoy dancing and singing." A relative said, "There is a full list of activities in the foyer. [Name] went to the races. We have a Christmas dinner that I can come to."
- Posters advertising forthcoming events were displayed around the home. Past events included visits from exotic animals, a summer fayre and pizza making.
- Activities were tailored to people's individual needs. People who were active enjoyed vibrant activities

such as singing and dancing with staff. In contrast, people who preferred a more restful environment were engaged in relaxing, soothing activities in a quieter area of the home.
● The home had its own pub and tea room; these areas were open for people to use any time and events such as games nights and tea parties were organised regularly. People and their families were able to hire these free of charge for private events which were catered for by the service.
● People were supported to go out and about. Staff accompanied people to the local town to do their shopping and other people were supported to go on day trips to the seaside.
● Staff had gone above and beyond their role to support people to stay in touch with their friends and families. For example, staff had visited one person's wife regularly when they had become too frail to visit her.
● There were links with the local community. Local students visited and made memory boxes with people and the home run a parent and toddler group so young and old could spend time with each other. The registered manager told us this had a positive impact upon people's wellbeing.

Improving care quality in response to complaints or concerns
● People's families felt comfortable raising any complaints or concerns. Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns.
● There was a complaints procedure in place and complaints had been investigated and responded to in an appropriate and timely manner. The registered manage had written to people and offered an apology for any upset caused.

End of life care and support
● People were provided with caring and compassionate support at the end of their lives.
● Feedback from people's families was very positive in this area. A relative described the care their relation received in their last few days of life as "superb." A specialist palliative care nurse told us, "End of life care is good quality, staff are proactive in the management of people's needs and they try and accommodate the needs of families."
● A relative commented, "We can stay at the home as long as we want. They got us a kettle for the room. They offer us lunch and have given us wash facilities."
● People and their families were supported to think about their wishes for end of life care and this was recorded in care plans. A relative said, "I have discussed end of life with the home."
● Some further work was needed to ensure care plans reflected people's care needs in the last few days of life, however this had no impact upon care as staff had a good knowledge and understanding of people's needs.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been a failure to notify CQC of some events within the service, which the provider is required to by law. We had not received any DoLS notifications from Ashley Care Centre since March 2017. A failure to notify us as required can have a negative impact on our ability to monitor the service.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations.

- Systems to ensure the safety and quality of the service were not consistently effective. Concerns had not been identified in some areas, such as infection control, environmental risk or the use of physical intervention. This had resulted in risks to people's health and wellbeing.
- The management team were proactive and told us that immediate action would be taken to rectify the issues found during our inspection.
- People, their relatives and professionals were unanimously positive about the management team. This was summed up by a member of staff who told us, "The manager is firm but fair, very approachable, he speaks to everyone every day and is always there to listen. He is passionate about this home."
- Managers were available seven days a week to support people, families and staff.
- The provider had displayed their most recent rating in the home and on their website as legally required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff had a shared vision for the home which was based upon providing compassionate care that respected people's individuality.
- The team took pride in providing a high-quality service. The registered manager told us, "We look at the person as individual, not everyone is the same."
- This approach was reflected in feedback. A training professional told us, "[The registered manager] and the team are always looking for ways to make life better of the people living and working at Ashley Care Centre." A relative said, "It's an absolute pleasure to experience the dedication, warmth, care, commitment and professionalism shown to [relation]. We are very humbled by your collective effort to make their life the best it can be."
- The team at had won several local awards in 2018 in recognition of the care they provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

● The management team had a good understanding of their duty to be open and honest with people. Records showed the registered manager had been in touch with people and their families following incidents or complaints, to offer an apology and try to prevent the same from happening again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and their families were involved in decisions about the home and feedback was used to drive improvement.

● Regular meetings were held where people were consulted about activities, food and the decoration of some areas.

● A social care professional told us, "The team have arranged monthly sessions for relatives to get together and support each other, I know this is something that the relatives really value." A relative commented, "There are family meetings once a month. You can voice your opinions on things and the meetings give you a chance to make friends with people."

● There were regular staff meetings, these were used to share news and information and to discuss ideas for development. For example, staff had suggested the idea of having a tea room, this had been developed and was valued by people and their families. A member of staff told us, "The manager is a good manager. When I first started we didn't have a bus, so we asked him for one and within a week he got one!"

● The manager had considered the diverse needs of the staff team. They offered support, such as anonymous counselling sessions and massage to staff to help enhance their mental wellbeing. They had also helped individual staff out with personal difficulties they faced.

Continuous learning and improving care

● There was an effective system in place to review and learn from incidents such as falls. Each fall was individually analysed and then themes and trends across all falls were identified and addressed. This had resulted in referrals to specialist health care professionals and changes to the environment.

● The management team kept up to date with best practice and shared learning and knowledge with staff and others to raise the standards of care.

● Events had been held to educate people, families and staff to help improve their wellbeing. For example, an event had been held on world 'Stop the pressure day' to promote good pressure area care.

Working in partnership with others

● The team at Ashley Care Centre worked in partnership with other professionals to people received high quality support.

● Partnership working not only had a positive impact upon the service but other homes in the local area. For example, the clinical lead had worked with the doctor's surgery to develop fortnightly clinics at the home. This had worked so well that the GP practice had rolled this out to other local homes.

● The registered manager given talks to share their experience and advice about supporting people with dementia with other local services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's behaviour was not always managed in a safe way. Regulation 12(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified us of DoLS notifications as legally required. Regulation 18 (1)

The enforcement action we took:

We served a fixed penalty notice on the provider.